		Application or Docket Number										
	PATENT A	RD	10	0/17	12	45	519					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	EN	τ <b>γ</b> γ #	OR	OTHER SMALL	
TC	TAL CLÁIMS						RATI	ĒΤ	FEE.	1 1	RATE	a-FEF.
FOR			NUMBER FILED NU			ER EXTRA	BASIC	EE	355.00	OR	BASIC FEE	110.00
TOTAL CHARGEABLE CLAIMS			minus 20= *			51	X\$ 9	= ,	459	OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 =  *			/ ×		3	42	OR	x866	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT /			14/5	0	10	1	290	, , , , , , , , , , , , , , , , , , ,	
* If the difference in column 1 is less than zero, enter "0"						column 2	TOTA		9017B	OR ØR	TOTAL	
CLAIMS AS AMENDED - PART II							1012	,_ L	2010		OTHER	THAN
		(Column 1)		(Colur	mn 2)	(Column 3)	SMAL	L E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	-		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135:				+270=	
								AL		OR	TOTAL	
		(Column 3)	ADDIT. FEE OR ADDIT. FEE									
NDMENT B	(Column 1) CLAIMS				mn 2) IEST	(Column 3)			4DDI			ADDI
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
AMEND	Independent	*	Minus	***		=	X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.405	$\dashv$			.070	
							+135: TOT			OR	+270= TOTAL	
							ADDIT. F			OR	ADDIT. FEE	
		(Column 1)	<del></del>	(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Ak alaman di Akaman an	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	<u>.</u>		OR	X\$18=	
	Independent	*	Minus	***		= .	X40=	1	·		X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	Γ CLAIM			+		OR		
* 1	f the entry in colu	mn 1 is less than th	he entry in colu	ımn 2 write	e "Λ" in co	lumn 3	+135=			OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  OR											TOTAL ADDIT. FEE	
		nber Previously Pá					found in the	аррі	opriate box	x in col	lumn 1.	